

CITY OF SCOTTSDALE • APPLICATION FOR EMPLOYMENT

Human Resources
7575 E. Main Street
Scottsdale, AZ 85251

www.ScottsdaleAZ.gov • 24 Hour Job Information (480) 312-2395 • Fax (480) 312-7960 • Phone (480) 312-2491

Your signed application can only be accepted in hard copy form. Please mail your completed application to address above.

We are an Equal Opportunity/Reasonable Accommodation Employer

- Do not change the format or layout of this form.
- Print neatly in ink or type.
- Answer all questions completely.
- Complete and include all supplemental forms.
- Read all information/disclaimer on this application.
- Sign this application and all other forms.
- If you have any questions or problems, please request assistance.

POSITION DESIRED

Please check the shift(s) you are interested in:	<input type="checkbox"/>	Full Time	<input type="checkbox"/>	Part Time	<input type="checkbox"/>	Rotation (all shifts)
	<input type="checkbox"/>	Nights	<input type="checkbox"/>	Temporary	<input type="checkbox"/>	Weekends

Position Applied For:

Job Posting No:

Salary Requirements:

PERSONAL DATA

Name:

Address:

City:

State:

Zip:

Phone

Home:

Daytime:

Message:

E-mail Address: ____ Yes ____ No If yes, email: _____

Are you legally eligible for employment in the United States? ____ Yes ____ No

Are you 18 years of age or older? ____ Yes ____ No If no, please give age:

Have you ever worked or volunteered for the City of Scottsdale? ____ Yes ____ No If yes, dates:

Are any of your relatives employed by the City of Scottsdale? ____ Yes ____ No

Name/Relationship:

Driver's License No. & State:

Class:

Commercial Driver's License No. & State:

Expiration:

Please list other names you have used:

Have you ever been discharged, requested or forced to resign from any position for misconduct or unsatisfactory service?
____ Yes ____ No

If yes, please explain circumstances:

FOR POLICE OFFICER APPLICANTS ONLY

Are you Arizona POST Certified? ____ Yes ____ No

HR USE ONLY

Are you currently employed as a Police Officer in Arizona? ____ Yes ____ No

Test Scheduled _____

Are you at least 20 yrs. 8 mos. Old? ____ Yes ____ No

Test Completed _____

Are you a U.S. Citizen? ____ Yes ____ No

Have you ever served in the
U.S. Armed Forces?

Branch:

Rank:

Length of Service:

Are you a member of the Military, National Guard or Armed Forces Reserve Unit? ____ Yes ____ No

BACKGROUND INFORMATION (ALL APPLICANTS)

"Crime" as used in this section means any and all felonies, misdemeanors and serious driving offenses, including, but not limited to, driving while under the influence of intoxicating liquor or drugs, extreme DUI, reckless driving, aggressive driving, racing/exhibition of speed, leaving the scene of an accident, driving on a suspended, revoked or refused license, or any other driving offense that is a misdemeanor, or for which the possible penalty includes jail time. "Crime" does not include minor (civil) traffic offenses. If you are not sure how to answer this question, please ask for assistance.

"Convicted" means that you have pleaded guilty or no lo contendré ("no contest") to a crime and/or have been sentenced for a crime, whether incarcerated, placed on probation, fined or receiving a suspended sentence.

Q: Have you ever been convicted of a crime, regardless of whether the conviction was later set aside or expunged, in any domestic, foreign or military court? Answer by writing "Yes" or "No" _____

Q: Are there any pending charges, trial or other court proceeding for any crime at this time? Answer by writing "Yes" or "No" _____

If you answer "yes" to either or both of these questions, please give the details of offense(s) for which convicted (or trial pending), date(s) of conviction(s) and jurisdiction(s) (court, city, county & state). If an offense(s) has been set aside or expunged, please give date(s).

Your fingerprints will be sent to state and federal law enforcement agencies (DPS and FBI). All offers of employment or continued employment will be subject to satisfactory review of any criminal convictions you may have.

NOTE A criminal conviction(s) does not constitute an automatic bar to employment. Factors including, but not limited to, age at time of offense(s), recency of offense(s) and the relationship between the offenses(s) and the job(s) for which you have applied will be taken into account. **Your failure to make a full and accurate disclosure of any prior convictions(s), or to answer the questions above fully and accurately, however, will result in the rejection of any pending application or offer for city employment, or termination of city employment, as applicable.**

EDUCATION

High School Diploma: ____ Yes ____ No

If no, please indicate highest level completed:

G.E.D.: ____ Yes ____ No

College/University	Major	Credit Hours*	Degree**

* You may include credit hours that you will receive by the end of current semester.

** If applicable to job, proof of degree from College/University will be required upon hire.

Special Training/Skills – Institution – Business – Tech – Other	Course of Study	Diploma/Hrs. Completed/Date

List License (date & #), professional registrations (date), certificates and professional memberships:

List Honors, Awards, Fellowships:

SKILLS OVERVIEW

Approximate Typing Speed in words per minute (wpm):

List computer software with which you are familiar:

SKILLS OVERVIEW

Fluent in a language other than English:

Language(s):

Speak:

Read:

Write:

Please summarize relevant skills, abilities and experience that exemplify your qualifications for the above position:

Summarize Community Services work (paid or volunteer) including dates:

EMPLOYMENT HISTORY (You may attach a resume, but please do not use as substitute for completing application)

Current or most recent employer:

Phone:

Address:

Your Title:

Number of workers you directly supervised:

Employment Dates

From (mo/yr):

To (mo/yr):

Supervisor's name/title:

Starting Salary:

Present/Ending:

Hours per week:

Work Performed:

Reason for leaving or wanting to change:

May we contact this employer if you are considered for the position? ____ Yes ____ No

Employer:

Phone:

Address:

Your Title:

Number of workers you directly supervised:

Employment Dates

From:

To:

Supervisor's name/title:

Starting Salary:

Ending:

Hours per week:

Work Performed:

Reason for leaving or wanting to change:

EMPLOYMENT HISTORY (You may attach a resume, but please do not use as substitute for completing application)				
Employer:			Phone:	
Address:				
Your Title:			Number of workers you directly supervised:	
Employment Dates	From:		To:	
Supervisor's name/title:				
Starting Salary:		Ending:		Hours per week:
Work Performed:				
Reason for leaving or wanting to change:				
Employer:			Phone:	
Address:				
Your Title:			Number of workers you directly supervised:	
Employment Dates	From:		To:	
Supervisor's name/title:				
Starting Salary:		Ending:		Hours per week:
Work Performed:				
Reason for leaving or wanting to change:				
Employer:			Phone:	
Address:				
Your Title:			Number of workers you directly supervised:	
Employment Dates	From:		To:	
Supervisor's name/title:				
Starting Salary:		Ending:		Hours per week:
Work Performed:				
Reason for leaving or wanting to change:				

AUTOMATIC DISQUALIFIERS – Police Department Positions Only

THIS FORM MUST BE COMPLETED FOR ALL POLICE DEPARTMENT POSITIONS.

The Scottsdale Police Department will automatically disqualify any individual who has:

1. Ever been convicted of a felony or any offense that would be a felony if committed in Arizona.
2. Used ("tried") marijuana in the past three years or exceeds a total of 20 times lifetime or exceeds five times, since attaining the age of 21.
3. Used ("tried") any dangerous drug or illegal narcotics, other than marijuana, in any combination in the past seven years or exceeds a total of 5 times lifetime or exceeds one time, since attaining the age of 21. *This includes, but is not limited to, cocaine/crack, heroin, opium, morphine, LSD/acid, methamphetamine/speed, peyote, mescaline, or derivatives thereof.*
4. Sold, produced, cultivated, or transported marijuana or dangerous drugs/narcotics.
5. Been dishonorably discharged from the United States armed forces.
6. Had a pattern of abusing prescription medication.
7. Had excessive traffic violations within the past three years.
8. Committed or violated federal, state, or city laws pertaining to criminal activity while employed by a law enforcement agency.
9. Been previously employed with a law enforcement agency and since has committed or violated federal, state, or city laws pertaining to criminal activity.
10. Lied during any stage of the hiring process, falsified any information on the application or background questionnaire.
11. Unresolved responses to relevant issues when administered a polygraph examination.
12. Used non-prescribed steroids since January 1, 1994, shall fall under the same restrictions as item #3 above.
13. Conviction of a domestic violence crime, misdemeanor or felony or conviction of a lesser charge, which at the time of occurrence was a domestic violence crime.

DISCRETIONARY DISQUALIFIERS

The following disqualifiers may, upon review by the Scottsdale Police Department, make you ineligible to work for the department:

1. An inability to perform the essential functions of the position.
2. Unlawful sexual conduct.
3. Excessive traffic violations: DUI, reckless, moving citations.
4. Commission of a felony.
5. Any discharge from the U.S. armed forces other than an honorable discharge.
6. Debts – demonstrated an unwillingness to honor fiscal contracts or just debts.
7. Any other conduct or pattern of conduct that would tend to disrupt, diminish, or otherwise jeopardize public trust in the law enforcement profession.

I have read and understand the above disqualifiers:

Name (printed)

Name (signed)

Date

CONDITIONS OF CONSIDERATION FOR EMPLOYMENT

All information contained on the application is subject to verification. The City of Scottsdale ("City") will conduct background checks including, but not limited to, work references, driving records, criminal conviction records and educational attainment. New hires for some City positions may be required to pass a physical examination at the City's expense.

I understand an employment offer is contingent upon successful completion of a pre-employment alcohol/drug test. Applicants testing positive for illegal drugs, unauthorized prescription drugs or alcohol will not be hired by the City. I further understand that any condition which may preclude my ability to perform essential function of the job - and such conditions can not be reasonably accommodated - will disqualify me from consideration for employment in the job for which I was examined. I also authorize the City of Scottsdale to conduct future examinations and work-related reviews by a physician and agree to follow any consequent prescribed work restriction, activities, and/or treatment.

I understand that employment with the City of Scottsdale is also contingent upon successful completion of a national background investigation and/or for relevant positions, a physical examination and/or polygraph examination.

I understand that in order to be eligible for employment with the City of Scottsdale, if I am required to do so by the Federal Military Selective Service Act (50 U.S.C.A. §453) and except as otherwise provided by law, I must be registered with the Selective Service System at the time of hire. A.R.S. §38-201 (D). By signing below I acknowledge that if the requirement applies to me, I have complied with it. I further acknowledge that I understand that if I am hired by the City and have failed to so register, as required, my employment with the City is subject to being terminated for failing to be eligible at the time of hire.

I understand that employment at the City of Scottsdale, except as otherwise provided by law, is "at will" meaning that it may be terminated at any time by either party.

I understand all conditions of employment including, but not limited to, hours, benefits and salary are subject to change by the City of Scottsdale at any time.

If employed, I agree to provide evidence of an acceptable driving record.

If employed, I agree to provide proof of identity, relevant licensure or credentials, and authorization for employment in the United States.

If employed, I agree to abide by all policies, regulations and guidelines established by the City of Scottsdale.

I acknowledge that I understand that when advised, reasonable accommodations will be made in order for an "otherwise qualified applicant" with a disability to participate in any phase of the recruitment process. (Americans with Disabilities Act of 1991)

I certify that all the information provided herein is true and complete to the best of my knowledge. I agree and understand that omissions, misstatements, and falsifications will cause forfeiture on my part of all eligibility to any employment with the City of Scottsdale and may be cause for rejection of this application, removal of my name from eligibility lists, or discharge from city service. In addition, I give the City of Scottsdale the right to investigate and verify any information obtained through the application process. Permission is granted and I release from any and all liability any employer, agency or individual assisting the City of Scottsdale in providing relevant, job related information that will assist in this process. My signature below acknowledges my understanding and agreement with the above.

The City of Scottsdale promotes a drug and alcohol free workplace.

Signature: _____

Date: _____

TO ALL APPLICANTS
EQUAL EMPLOYMENT OPPORTUNITY SURVEY
This information will be used for notification purposes only.

Instructions: Please print clearly in each category below.

Last Name:	First Name:	M.I.:
Home Phone #:	Daytime Phone #:	
Address:		
City:	State:	Zip:
E-Mail address:		
Position Applied For:		Job Posting Number:

The following information is being collected by the City of Scottsdale Human Resources office for research and federal equal employment opportunity requirements only. Your responses are strictly voluntary and will help in monitoring our affirmative action efforts. If you choose not to answer any of the items, you will not be subject to any adverse effects. However, we urge you to do so and assure you that this form is confidential. It will be separated from your application prior to referral to any city hiring program.

Indicate your choice of responses for items A through F by placing an **X** in the appropriate box. If you do not wish to answer the item, please mark the "No response" box.

A. ETHNIC CATEGORY:

Check only one (definition of categories are below.)

<input type="checkbox"/> WHITE (WH)	<input type="checkbox"/> AFRICAN AMERICAN/BLACK (BL)
<input type="checkbox"/> HISPANIC (HI)	<input type="checkbox"/> ASIAN OR PACIFIC ISLANDER (AS)
<input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE (AI)	<input type="checkbox"/> NO RESPONSE (NR)

B. SEX

<input type="checkbox"/> MALE (M)	<input type="checkbox"/> FEMALE (F)
<input type="checkbox"/> NO RESPONSE (9)	

C. AGE GROUP

<input type="checkbox"/> UNDER 20 (19)	<input type="checkbox"/> 20-29 (20)
<input type="checkbox"/> 30-39 (30)	<input type="checkbox"/> 40-49 (40)
<input type="checkbox"/> 50-59 (50)	<input type="checkbox"/> 60-69 (60)
<input type="checkbox"/> NO RESPONSE (99)	

D. VETERAN STATUS

<input type="checkbox"/> I AM A VETERAN OF THE UNITED STATES ARMED FORCES, HONORABLY SEPARATED FOLLOWING MORE THAN 180 DAYS OF ACTIVE DUTY. EXCLUDING TRAINING AND RESERVE DUTY. (1)	<input type="checkbox"/> I AM NOT A VETERAN. (2)
<input type="checkbox"/> I AM A SPOUSE OF A PERMANENTLY DISABLED VETERAN. (3)	<input type="checkbox"/> I AM THE SPOUSE OF AN ACTIVE DUTY ARMED FORCES MEMBER WHO IS MISSING IN ACTION. (4)
<input type="checkbox"/> NO RESPONSE (9)	

E. ARE YOU DISABLED? (FOR DEFINITION OF "DISABLED" SEE BELOW.)

<input type="checkbox"/> YES (1)	<input type="checkbox"/> NO (2)
<input type="checkbox"/> NO RESPONSE (9)	

F. HOW DID YOU LEARN OF THIS POSITION?

<input type="checkbox"/> JOB BULLETIN (3)	<input type="checkbox"/> NEWSPAPER (2)
<input type="checkbox"/> REFERRAL AGENCY (5)	<input type="checkbox"/> JOB LINE (4)
<input type="checkbox"/> CITY OF SCOTTSDALE INTERNET SITE (7)	<input type="checkbox"/> OTHER (6)
<input type="checkbox"/> OTHER INTERNET SITE _____ (8)	<input type="checkbox"/> NO RESPONSE (9)

EQUAL EMPLOYMENT OPPORTUNITY SURVEY DEFINITIONS

White (not of Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

African American/Black (not of Hispanic origin): All persons having origins in any of the Black racial groups of Africa.

Hispanic: All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.

Asian or Pacific Islander: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.

American Indian or Alaskan Native: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

Disabled: Anyone who has a physical or mental impairment, which substantially limits one or more major life activities or has a record of such impairment or is regarded as having such an impairment.

City of Scottsdale
Supplemental Questionnaire
PUBLIC AFFAIRS MANAGER

Note: Completed application and supplement are required for consideration.

Name: _____ Date: _____

This supplement provides you the opportunity to prepare narrative responses to questions about your relevant experience and training. This will enable us to fairly evaluate your background and accomplishments and compare it with the needs of the position. Each position you refer to in your responses should also be listed on your application.

Please answer the following questions on a separate sheet(s) of paper and attach to your application.

1. Outline your experience in managing a team of public relations, public involvement, media relations and/or marketing professionals.

2. Outline your experience in developing and implementing employee communications programs.

3. Describe your experience in developing and managing a communications plan or program. Describe your objectives, the audiences you intended to reach, and the results you achieved.

4. Describe any experience you have in managing plans or programs to inform and involve the public in resolving a complex or controversial issue. Describe how you influenced the process or provided guidance to your superiors, your co-workers or your own staff. How did your efforts anticipate issues raised by the public?